Mental Health in the Workplace

What can be done that's helpful and achievable?

"Organisations spend massive amounts of time and money ensuring the physical wellbeing and safety of their people… and well they should. However, what most organisations struggle to understand is that it's the failure to address the mental safety and wellbeing of their workgroup that will cost them the most money over time."

Michael Tunnecliffe, BSS Employee Assistance, 2011

Disorder

Dysfunction

Distress

Disaffection

www.bsspsych.com.au
1800 30 30 90

MENTAL HEALTH IN GENERAL

- Around 1 in 3 relationships break-up
- 40% of Australians experience a serious mental health issue at some point in their life
- Every year about 20% of the Australian population is diagnosed with a significant mood disorder
- 32% of workers believe they don't have a healthy work / family balance.

Source: ABS, 2010

THE PROBLEM OF DEPRESSION

- Depression is a common mental disorder. Globally, more than 350 million people of all ages suffer from depression.
- Depression is the leading cause of disability worldwide, and is a major contributor to the global burden of disease.
- Even in developed countries, it's estimated that two-thirds of those with depression are *reluctant to seek help.*

WHO Report – 2012

Individual Protective Factors

Collegial Group / Peer Support

Supervisor Support

Support to Remain At Work

Treatment Pathways

IMPACT OF MENTAL HEALTH PROBLEMS

- Absenteeism / Presenteeism
- Lower productivity
- Conflict / low employee morale
- Increased errors
- Greater risk exposure and safety concerns
- Damage to organisational reputation
- Escalation to problems away from work.

Approximately 80% of the mental health problems impacting on the Australian workplace come from around 20% of all mental health disorders.
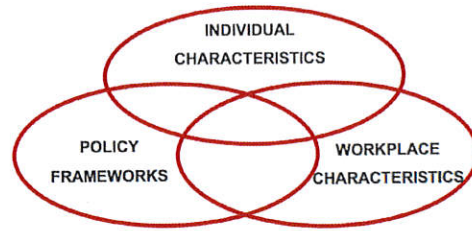
- Mood Disorders
- Anxiety Disorders
- Substance related disorders.
- Sleep Disorders

BSS - EAP Report 2013

CO-MORBIDITY

A person develops a new problem by trying to manage an old problem.

EXAMPLE: A person develops an alcohol or drugs problem after using these to deal with anxiety or depression.

MENTAL HEALTH MITIGATION AT WORK

1. Pre-employment screening for job suitability and pre-existing Mental Health issues.
- *Depends on accuracy of role specification*
- *Multiple variables to take into account*
- *Potential for a high rate of false negatives and false positives*
- *Can be open to distortion.*

2. Effective policies and procedures that incorporate psychological safety are well communicated and well used.
- *OSH, EEO, FFW, etc*

3. Provide training that promotes psychological safety.
- *Employee training (e.g. Mental Health Awareness, Resilience training, etc)*
- *Supervisor training (e.g. Psychological First-aid, Suicide Prevention, etc)*

4. Be proactive with support programs that mitigate Mental Health issues. Don't wait until disaffection becomes distress.
- *Have a functional and effective Employee Assistance Program (EAP)*
- *Initiate programs such as Peer Support, which create supportive networks within the workgroup.*

5. Use pre-emptive fitness for work / fitness for duty assessments to initiate constructive actions, rather than relying on the "the system".
- *Alcohol and other drugs*
- *Fatigue assessments*
- *Mental Health assessments*

6. Whenever possible, stay in control of the situation. Don't wait for a crisis point before taking action.
- *More serious the issue, the less control the organisation has and the greater reliance on external organisations and experts (e.g. insurance companies, rehabilitation providers, medical specialists, etc).*

"A state of wellbeing in which the individual … can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community."
World Health Organisation (WHO)

The Presenter:
Michael Tunnecliffe has been a Clinical Psychologist for more than 25 years. He is the Director of Employee Assistance with BSS, a major provider of EAP, mental health and fitness for work services to the Resources Sector across Australia. Michael has been actively involved in Mental Health and Stress Management education in the Emergency Services and industry since the early 1990's. For 10 years he lectured in Trauma Counselling at the University of Notre Dame, Australia. Prior to joining BSS, Michael held the position of Executive Manager of the Psychology Unit with Western Australia Police.